

FORM 8. Entry of Appearance

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

LUCREE v. USNo. 2014-5134

ENTRY OF APPEARANCE

(INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.)

Please enter my appearance (select one):

☐ Pro Se☒ As counsel for:TERESA NAN LUCREE

Name of party

I am, or the party I represent is (select one):

☐ Petitioner☐ Respondent☐ Amicus curiae☐ Cross Appellant☒ Appellant☐ Appellee☐ Intervenor

As amicus curiae or intervenor, this party supports (select one):

☒ Petitioner or appellant☐ Respondent or appellee

My address and telephone are:

Name:

FRANK A. LUKASIK

Law firm:

FRANK A. LUKASIK, J.D.

Address:

1550 KILLINGSWORTH WAY, APT. 246

City, State and ZIP:

THE VILLAGES, FL 32162

Telephone:

352 674-3637

Fax #:

(CALL) 352 674-3637

E-mail address:

flpatlaw@yahoo.com

Statement to be completed by counsel only (select one):

☒

I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.

☐

I am replacing _____ as the principal attorney who will/will not remain on the case. [Government attorneys only.]

☐

I am not the principal attorney for this party in this case.

Date admitted to Federal Circuit bar (counsel only): 1967-1975?

This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel only):

☒ Yes☐ No☐ A courtroom accessible to the handicapped is required if oral argument is scheduled.8/26/2014

Date

/s/ Frank A. Lukasik

Signature of pro se or counsel

cc: _____

FORM 30. Certificate of Service

UNITED STATES COURT OF APPEALS
FOR THE FEDERAL CIRCUIT

CERTIFICATE OF SERVICE

I certify that I served a copy on counsel of record on
by:

Aug 26, 2014

- ☐ US mail
☐ Fax
☐ Hand
☒ Electronic Means
(by email or CM/ECF)

FRANK A. LUKASIK

Name of Counsel

/s/ Frank A. Lukasik

Signature of Counsel

Law Firm

FRANK A. LUKASIK, J.D.

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NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an “/s/” and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.